



RIGHT HEMICOLECTOMY

Patient information Leaflet

June 2020

WHAT IS A RIGHT HEMICOLECTOMY?

This is an operation that is designed to remove the right side of your large bowel. Part of the large bowel is removed and the two free ends are joined back together. This is called an anastomosis. It is very rare that you would require a stoma after this operation. (A stoma is an opening through the tummy to divert the bowel contents into a bag).

This operation can be performed in one of two ways either by laparoscopic method (keyhole surgery) or by laparotomy (open procedure). A laparotomy involves making a large cut in the abdominal wall which allows the surgeon to operate on the bowel. Laparoscopic surgery is completed using a system of telescopes inserted through three or four much smaller cuts in the abdomen. Your nurse specialist will be able to give you more information.

WHAT ARE THE BENEFITS OF HAVING A RIGHT HEMICOLECTOMY?

The operation is designed to remove the growth or the disease or narrowing in your bowel to relieve your symptoms.

WHAT ARE THE ALTERNATIVES?

The alternative to this operation is to join one part of the bowel to another part to bypass the affected area of bowel. This will not remove the stricture or growth that is in the bowel.

Surgery is usually recommended as the last treatment option, if all medical treatment has failed or if you have developed a life threatening condition.

WHAT ARE THE RISKS INVOLVED IN HAVING A RIGHT HEMICOLECTOMY?

Please be sure to ask any questions you may have when you see your consultant or nurse specialist. It is important that you know about, and accept, any possible risks before you sign your consent form.

Right Hemicolectomy is a major surgical procedure which carries the risk of complications.

General complications due to this surgery include:-

- Infection in the wound.
- Bleeding from the wound or operation site.
- Chest infection
- Deep vein thrombosis (clot in the veins of the leg).
- Pulmonary Embolism (if the clot moves it can travel into the lungs).

Specific complications from this type of surgery are:-

- Damage to the bowel.
- A leak from where the two ends of bowel have been joined back together.
- Damage to any surrounding structures.

HOW LONG WILL I BE IN HOSPITAL FOR?

You will probably be in hospital between three to five days if you have the keyhole procedure but it may be longer if you require the open procedure.

WHAT HAPPENS BEFORE MY OPERATION?

You will be seen in the Pre-Assessment Clinic a few weeks before your operation, where routine blood tests and an ECG (tracing of the heart) will be carried out. If any further tests are required the Pre-Assessment Nurse will discuss this with you.

You will also be seen in the Enhanced Recovery Clinic if your surgeon feels this may benefit you. Enhanced Recovery is a program of diet and exercise, which prepares people for surgery and reduces side effects after the operation, as well as reducing the length of time spent in hospital. You would be given further information about enhanced recovery when you attend the clinic.

You are usually admitted to the ward the day of your operation.

You will be able to eat and drink normally the day before surgery.

Most patients will not require having medicine to clear out the bowel; this will only be given if your surgeon feels it is necessary. You may require an enema prior to your operation when you are admitted.

An anaesthetist will visit you and discuss your anaesthetic and the different methods of pain relief. Some patients may see the anaesthetist before coming into hospital.

WHAT HAPPENS AFTER MY OPERATION?

Dependant on whether you have open or keyhole surgery, after the operation you may have some or all of the following:

- A drip (this is a plastic tube in your arm attached to a bag containing fluid). This is done to ensure that your body fluids are replaced.
- A number of small wounds on your abdomen with stitches or clips covered with a dressing.
- A venflon into a vein (a small plastic tube) to give you fluids or medicines.
- A urinary catheter. (A small tube in your bladder to keep it empty).
- You may have a drain in your abdomen. This is a tube that drains away any oozing fluids from around the operation site inside your body.
- You may have a fine tube in your neck which can be attached to a machine which can measure the amount of fluid being put into your body accurately.
- You may have an epidural (a fine tube in your back). This is attached to a pump to give pain relieving medication.
- You may have a syringe pump attached to a plastic tube in your arm which will give you pain relieving medication.

As a response to the surgery your bowel will take time to adjust and may even stop working for a few days. Your surgeon will decide how much food and drink you should be offered during this period. Patients are generally offered a light diet as soon as possible after surgery to help stimulate the bowel and the nurses will offer advice on what foods are appropriate.

You may feel weak after the operation. The nurses on the ward will support you to wash, dress and get out of bed. The nurse and the physiotherapists will also help you to walk as soon as possible after the operation.

After a few days you may feel that you want to pass wind or have your bowels opened and you may pass a little blood or slime (mucus). This is entirely normal. Please keep the nurses informed.

OTHER EXPERIENCES YOU MAY HAVE ARE:-

For the first few weeks following your operation your bowels are likely to be loose and the function of the bowel can be irregular. Sometimes people have to change their diet in order to keep their bowels regular. Some people have long term changes to their bowel function.

All of these things are expected. Please talk to one of the nurses about them as they can usually be helped with patience and more information.

GOING HOME

- You will be given an idea of the date you will be going home so that you can make arrangements with friends, relatives or carers.
- You should ask someone to collect you from the hospital.
- You will be sent an outpatient appointment through the post for.
- You may have prescribed medication to take home with you.
- You may still have stitches or clips to your wound. If so we will arrange for a district nurse to see you at home or at a special clinic in your local area.

Some patients may require special arrangements before going home. This means that they may be in hospital for a little longer.

We advise that patients consider what help they may need at home after the operation and make appropriate plans where possible. Your specialist nurse will be able to give advice.

WHEN WILL I BE ABLE TO DRIVE A CAR?

You can usually drive six weeks after an open operation, after keyhole surgery you must be able to perform an "emergency stop". Please check with your insurance company.

WHEN WILL I BE ABLE TO RETURN TO WORK?

This will depend on the type of work that you do. You may require approximately three months off work, but this will be less if you have keyhole surgery. Please contact your GP before you return to work.

WHO SHOULD I CONTACT IF THERE IS A PROBLEM FOLLOWING MY OPERATION?

If you have any problems concerning your surgery please contact your GP or the colorectal nursing team on 0161 922- 4419

If they are unavailable please contact the hospital on 0161 922 6000 and ask to be put through to the ward that you were on.

SOURCE

In compiling this information leaflet, a number of recognized professional bodies have been used, including NHS Direct and the Association of Coloproctology. Accredited good practice guidelines have been used.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگوئج، انٹرپرائٹیشن اینڈ پیٹینٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

Author: Carol Cunningham. Colorectal Specialist Nurse
Division/Department: Elective services, Colorectal
Date Created: May 2015
Date reviewed: May 2020